STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155089	A. BUILDING 00 B. WING	01/31/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE OF NEW CASTLE	1023 N 20TH ST NEW CASTLE, IN 47362

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	This visit was for the Investigation of Complaints IN00122784 and IN00123588. Complaint IN00122784 - Substantiated. Federal/state deficiencies related to the allegations are cited at F201 and F203. Complaint IN00123588 - Unsubstantiated due to lack of evidence. Survey dates: January 30 and 31, 2013 Facility number: 000035 Provider number: 155089 AIM number: 100266250 Survey team: Barbara Gray RN TC Leslie Parrett RN Gloria Bond RN Suzanne Williams RN (January 31, 2013) Census bed type: SNF/NF: 56 Total: 56 Census payor type: Medicare: 6	F0000	F0000Preparation and/or execution of This Plan of Correction in general or any corrective action set forth herein, in particular, does not constitute an admission or agreement by Heritage House of New Castle of the facts alleged or the conclusions set forth in the statement of deficiencies.The Plan of Correction and specific corrective actions are prepared and/or executed solely because of provisions of federal and/or state laws. Heritage House desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective Sept. 30, 2012.This building respectfully requests consideration for paper compliance from the Plan of Correction.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Medicaid: 40 Other: 10 Total: 56 Sample: 3 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review 2/06/13 by Suzanne Williams, RN			

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F0201 SS=D	483.12(a)(2) REASONS FOR TRANSFER/DISCHARGE OF RESIDENT The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; The safety of individuals in the facility is endangered; The health of individuals in the facility would otherwise be endangered; The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a nursing facility, the nursing facility may charge a resident only allowable charges under Medicaid; or The facility ceases to operate. Based on interview and record review, the facility failed to permit a resident to remain in the facility and discharged the resident without an appropriate reason, for 1 of 3 residents sampled for discharge. (Resident #A)	F0201	F201 1) Resident #A is no longer a resident of the facility.2) All residents who are discharged from the facility have the potential to be affected. All residents will be permittedto remain in the facility and not be transferred or discharged unless the transfer or discharge is necessary for the residents welfare and the	02/18/2013

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	Findings include: Resident #A's record was reviewed on 1/30/13 at 2:33 P.M. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, oxygen dependence, and depression. Resident #A's quarterly Minimum Data Set assessment dated 10/29/12, indicated Resident #A was understood and had the ability to understand others. He scored 13 on his Brief Interview for Mental Status, which indicated he was cognitively intact. A RT (Respiratory Therapy) Progress note for Resident #A dated 11/12/12 at 5:45 P.M., indicated the following: The therapist was notified by nursing of a Bi-Pap (bilevel positive airway pressure, that helps the user get more air into their lungs) order change. The therapist reviewed and verified the orders. The settings were changed to 14/7 as ordered. Resident #A informed the therapist he felt like the pressure settings should still be higher. The therapist requested Resident #A use the Bi-Pap as ordered and evaluate after using it 30 to 45 days. Resident #A understood and agreed.		resident's needs cannot be met in the facility; The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; The safety of individuals in the facility is endangered; The health of individuals in the facility would other wise be endangered; The resident has failed, after reasonable and appropriate notice, to pay for(or to have paid for under Medicare or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a nursing facility, the nursing facility may charge a resident only allowable charges under Medicaid; or The facility ceases to operate. 3) All discharged resident will be monitored for the reason for transfer/ discharge and required reasons for transfer or discharges: All residents will be permitted to remain in the facility and not be transferred or discharged unless the transfer or discharge is necessary for the residents welfare and the resident's needs cannot be met in the facility; The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; The safety of individuals in the facility is endangered; The health	

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	A Nurses note for Resident #A dated 12/1/12 at 7:05 A.M., indicated Resident #A complained of shortness of breath. His oxygen saturation was 73% on 3 liters of oxygen. Resident #A received an as needed breathing treatment and as needed ativan for anxiety. An order was received to send Resident #A to a local hospital for evaluation and treatment. A Social Service (SS) note from the local hospital indicated the following: 12/3/12 at 2:00 P.M.-SS had been informed by the Social Service Designee (SSD) at the Extended Care Facility (ECF), they would not be accepting Resident #A back upon hospital discharge. A Physician's typed note dated 12/4/12, indicated the following: Resident #A suffered from COPD. Resident #A required respiratory support with Bi-Pap. He was poorly compliant with the Bi-Pap. His Bi-Pap settings had to be locked due to him self adjusting the settings. Physician's orders would be delayed until the out of facility Respiratory Therapy company could come unlock the machine and change the setting. It was the physician and facility's assessment, they were not meeting		of individuals in the facility would other wise be endangered; The resident has failed, after reasonable and appropriate notice, to pay for(or to have paid for under Medicare or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a nursing facility, the nursing facility may charge a resident only allowable charges under Medicaid; or The facility ceases to operate. 4) Social Services will monitor all discharges/transfer of residents to ensure they are being transferred/ discharged for the appropriate reasons. The Social Service Designee or their Designee will be responsible for auditing all resident discharge/transfer for appropriate reasons for discharge/ transfer. They will audit for 90 days all discharge/transfer; then weekly for 4 weeks, then monthly for two months, then as needed. Any discrepancy will be reported to the QA Committee in the Quarterly QA Meeting.	

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	his needs from a respiratory stand point and that he would be better served in a facility will full time on site respiratory therapy. A SS note for Resident #A dated 12/4/12 at 4:00 P.M., indicated the following: "It was concluded that residents' respiratory needs could not be met at this facility." The Administrator and Social Service Designee (SSD) had visited Resident #A at a local hospital to inform him of that decision. "Staff expressed the best for resident and that his personal belongings would be transferred to the receiving facility. Resident seemed reluctant at first but soon began to accept that his needs could be met more efficiently at another facility. Reassurance offered." Resident #A's daughter was notified and accepted this decision with no problem. SS notes from the local hospital indicated the following: 12/4/12 at 9:25 A.M.-Resident #A was seated at the edge of the bed. He was alert, oriented, and able to make informed decisions. He had confirmed he wanted to return to the ECF he had been transferred to the hospital from. He had received continuous oxygen and breathing treatments at the ECF.			

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	The hospital Nurse Practitioner (NP) confirmed there was not a need for Resident #A to be in a facility where there was a RT (Respiratory Therapist), which had been the recommendation of the ECF. SS would follow-up with the ECF since Resident #A wished to return there upon discharge. 12/4/12 at 3:30 P.M.-SS spoke with ECF's Director of Nursing (DoN) and Administrator. SS was informed the ECF would not be accepting Resident #A back due to his respiratory needs, even though the ECF was aware the NP coordinating his hospital care, had confirmed it would not be necessary to have Resident #A in a ECF with a RT, once he was medically cleared for return. SS was present when the ECF Administrator and SSD presented to inform Resident #A they would not be accepting him back. 12/4/12 at 5:50 P.M.-SS had received a referral from nursing related to Resident #A's mental/emotional state. Resident #A was upset and anxious because the ECF was not accepting him back. Resident #A had stated the ECF had been his home for 3 years and his friends, caregivers, and nursing staff had become like family to him. Resident #A had been tearful. Resident #A had indicated he had the Ombudsman's phone number and			

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	was adamant there was more to his not being accepted back to the ECF besides respiratory care needs. Resident #A had spoken with his daughter and she had indicated she was not aware the ECF was not accepting him back. SS discussed options with Resident #A regarding availability and admission to another ECF. SS stressed the importance of compliance with physician orders to Resident #A, as that was an issue cited by his previous ECF in regards to accepting him back to their facility. 12/5/12 at 9:15 A.M.-SS spoke with Resident #A. He had voiced his frustration related to his previous ECF not accepting him back. He was willing to consider other facilities. A referral was completed for another local ECF, which was Resident #A's first choice of new facilities. 12/5/12 at 10:40 A.M.-SS spoke with the new ECF of Resident #A's choice. The referral was completed with the ECF staff and the ECF staff indicated they would assess Resident #A that day. 12/5/12 at 12:55 P.M.-Resident #A was assessed and accepted at his choice of ECF. 12/5/12 at 4:30 P.M.-SS notified Resident #A's daughter and updated her on his discharge plans. 12/6/12 at 3:00 P.M.-Resident #A was			

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	released to the new ECF of his choice. A local hospital Discharge Summary for Resident #A dictated 12/13/12, indicated the following: Resident #A had been admitted on 12/1/12 and discharged on 12/6/12. He was evaluated and treated for COPD exacerbation. Resident #A was discharged to a new Long Term Care facility because his previous facility would not take him back. Resident #A was in stable condition at the time of discharge. His discharge medications included but were not limited to: 1.) Budesonidine 0.5 milligrams (mg) in 2 ml inhalation twice a day for COPD. 2.) Spiriva HandiHaler 18 microgram (mcg) one capsule inhalation daily. 3.) Albuterol sulfate nebulizer 2.5 mg in 3 milliliters (ml) of normal saline every 4 hours as needed for shortness of breath. 4.) Ipratropium/albuterol 0.5 mg/3 mg solution nebulized every 4 hours as needed for shortness of breath. Resident #A was contacted and interviewed on 1/30/13 at 12:50 P.M., and indicated the ECF's Administrator and SSD went to the hospital and informed him he could not return to the ECF. They informed him he needed to be somewhere that could			

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	care for him. Resident #A indicated the verbal notice came as a shock to him. Resident #A indicated he believed he was discharged from the ECF because he had previously informed the Administrator and SSD they were not following Federal Regulations related to some concerns he had voiced. On 1/30/13 at 1:24 P.M., the ECF's SSD indicated she and the Administrator had visited Resident #A on 12/4/12, during his hospitalization. The SSD indicated a SS staff from the local hospital was present in Resident #A's room when they visited him. The SSD indicated Resident #A was informed the facility could not meet his needs due to increased respiratory problems. The SSD indicated she had contacted a local ECF to see if they staffed respiratory therapists and was informed they did not, and the nurses cared for the resident's respiratory needs. On 1/31/13 at 10:05 A.M., the Director of Nursing (DoN) at the ECF Resident #A was discharged to from the hospital on 12/6/12, indicated their facility did not have any daily, weekly, or as needed RT staff. The DoN indicated the nurses take care of the resident's respiratory needs. The			

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	DoN indicated the nursing staff questioned the Physician or NP for resident's respiratory needs. On 1/31/13 at 11:02 A.M., the facility's Administrator indicated Resident #A was discharged from the facility because they could no longer meet his respiratory needs. She indicated the facility did not have RT on staff. She indicated they contracted RT services as needed. She indicated Resident #A needed to be in a facility that had RT staff available. She indicated their RT recommended Resident #A needed a facility with RT on staff. She indicated no other documentation related to not being able to meet Resident #A's needs or being considered for placement was available in Resident #A's record, prior to 12/4/12. On 1/31/13 at 11:30 A.M., the DoN indicated Resident #A was his own responsible party and his daughter was his emergency contact and managed his finances. This federal tag relates to complaint IN00122784. 3.1-12(a)(4)(A) 3.1-12(a)(4)(B)			

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	3.1-12(a)(4)(C) 3.1-12(a)(4)(D) 3.1-12(a)(4)(E) 3.1-12(a)(4)(F)			

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F0203 SS=D	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section. Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged. Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days. The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone			

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	number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act. Based on interview and record review, the facility failed to notify a resident or family of discharge in writing prior to discharge and failed to give the resident a reason for discharge, for 1 of 3 residents sampled for discharge. (Resident #A) Findings include: Resident #A's record was reviewed on 1/30/13 at 2:33 P.M. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, oxygen dependence, and depression. Resident #A's quarterly Minimum Data Set assessment dated 10/29/12, indicated Resident #A was understood and had the ability to understand others. He scored 13 on	F0203	F203 1) Resident #A is no longer a resident of the facility. 2) All residents who are discharged from the facility have the potential to be affected. All residents; being transferred/discharged will be notified & if known, a family member or legal representative of the resident will be notified by the facility of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section. Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged. Notice may be made as soon as practicable before transfer or	02/18/2013

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	his Brief Interview for Mental Status, which indicated he was cognitively intact. A RT (Respiratory Therapy) Progress note for Resident #A dated 11/12/12 at 5:45 P.M., indicated the following: The therapist was notified by nursing of a Bi-Pap (bilevel positive airway pressure, that helps the user get more air into their lungs) order change. The therapist reviewed and verified the orders. The settings were changed to 14/7 as ordered. Resident #A informed the therapist he felt like the pressure settings should still be higher. The therapist requested Resident #A use the Bi-Pap as ordered and evaluate after using it 30 to 45 days. Resident #A understood and agreed. A Nurses note for Resident #A dated 12/1/12 at 7:05 A.M., indicated Resident #A complained of shortness of breath. His oxygen saturation was 73% on 3 liters of oxygen. Resident #A received an as needed breathing treatment and as needed ativan for anxiety. An order was received to send Resident #A to a local hospital for evaluation and treatment. A Social Service (SS) note from the local hospital indicated the following:		discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragrapher (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days. The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill	

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	155089	A. BUILDING 00 B. WING	01/31/2013

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	12/3/12 at 2:00 P.M.-SS had been informed by the Social Service Designee (SSD) at the Extended Care Facility (ECF), they would not be accepting Resident #A back upon hospital discharge. A Physician's typed note dated 12/4/12, indicated the following: Resident #A suffered from COPD. Resident #A required respiratory support with Bi-Pap. He was poorly compliant with the Bi-Pap. His Bi-Pap settings had to be locked due to him self adjusting the settings. Physician's orders would be delayed until the out of facility Respiratory Therapy company could come unlock the machine and change the setting. It was the physician and facility's assessment, they were not meeting his needs from a respiratory stand point and that he would be better served in a facility will full time on site respiratory therapy. A SS note for Resident #A dated 12/4/12 at 4:00 P.M., indicated the following: "It was concluded that residents' respiratory needs could not be met at this facility." The Administrator and Social Service Designee (SSD) had visited Resident #A at a local hospital to inform him of that decision. "Staff expressed the		Individuals Act.. 3) All discharge residents will be monitored to ensure they have received the required notification prior to discharge/ transfer. All residents; being transferred/discharged will be notified & if known, a family member legal representative of the resident will be notified by the facility of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section. Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged. Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days. The written notice specified in paragraph (a)(4) of this section	

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	best for resident and that his personal belongings would be transferred to the receiving facility. Resident seemed reluctant at first but soon began to accept that his needs could be met more efficiently at another facility. Reassurance offered." Resident #A's daughter was notified and accepted this decision with no problem. SS notes from the local hospital indicated the following: 12/4/12 at 9:25 A.M.-Resident #A was seated at the edge of the bed. He was alert, oriented, and able to make informed decisions. He had confirmed he wanted to return to the ECF he had been transferred to the hospital from. He had received continuous oxygen and breathing treatments at the ECF. The hospital Nurse Practitioner (NP) confirmed there was not a need for Resident #A to be in a facility where there was a RT (Respiratory Therapist), which had been the recommendation of the ECF. SS would follow-up with the ECF since Resident #A wished to return there upon discharge. 12/4/12 at 3:30 P.M.-SS spoke with ECF's Director of Nursing (DoN) and Administrator. SS was informed the ECF would not be accepting Resident #A back due to his respiratory needs,		must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.. 4) Social Services will monitor all discharge/tranfers to ensure they have received the required notification. The Social Service Designee or their designee will be responsible for auditing all facility transfer/discharge residents. They will audit for 90 days all discharge/transfer; then weekly for 4 weeks, then monthly for two months, then as needed. Any discrepancy will be reported to the QA Committee in the Quarterly QA Meeting	

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	even though the ECF was aware the NP coordinating his hospital care, had confirmed it would not be necessary to have Resident #A in a ECF with a RT, once he was medically cleared for return. SS was present when the ECF Administrator and SSD presented to inform Resident #A they would not be accepting him back. 12/4/12 at 5:50 P.M.-SS had received a referral from nursing related to Resident #A's mental/emotional state. Resident #A was upset and anxious because the ECF was not accepting him back. Resident #A had stated the ECF had been his home for 3 years and his friends, caregivers, and nursing staff had become like family to him. Resident #A had been tearful. Resident #A had indicated he had the Ombudsman's phone number and was adamant there was more to his not being accepted back to the ECF besides respiratory care needs. Resident #A had spoken with his daughter and she had indicated she was not aware the ECF was not accepting him back. SS discussed options with Resident #A regarding availability and admission to another ECF. SS stressed the importance of compliance with physician orders to Resident #A, as that was an issue cited by his previous ECF in regards to accepting him back to their facility.			

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	12/5/12 at 9:15 A.M.-SS spoke with Resident #A. He had voiced his frustration related to his previous ECF not accepting him back. He was willing to consider other facilities. A referral was completed for another local ECF, which was Resident #A's first choice of new facilities. 12/5/12 at 10:40 A.M.-SS spoke with the new ECF of Resident #A's choice. The referral was completed with the ECF staff and the ECF staff indicated they would assess Resident #A that day. 12/5/12 at 12:55 P.M.-Resident #A was assessed and accepted at his choice of ECF. 12/5/12 at 4:30 P.M.-SS notified Resident #A's daughter and updated her on his discharge plans. 12/6/12 at 3:00 P.M.-Resident #A was released to the new ECF of his choice. A local hospital Discharge Summary for Resident #A dictated 12/13/12, indicated the following: Resident #A had been admitted on 12/1/12 and discharged on 12/6/12. He was evaluated and treated for COPD exacerbation. Resident #A was discharged to a new Long Term Care facility because his previous facility would not take him back. Resident #A was in stable condition at the time			

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	of discharge. His discharge medications included but were not limited to: 1.) Budesonidine 0.5 milligrams (mg) in 2 ml inhalation twice a day for COPD. 2.) Spiriva HandiHaler 18 microgram (mcg) one capsule inhalation daily. 3.) Albuterol sulfate nebulizer 2.5 mg in 3 milliliters (ml) of normal saline every 4 hours as needed for shortness of breath. 4.) Ipratropium/albuterol 0.5 mg/3 mg solution nebulized every 4 hours as needed for shortness of breath. Resident #A was contacted and interviewed on 1/30/13 at 12:50 P.M., and indicated the ECF's Administrator and SSD went to the hospital and informed him he could not return to the ECF. They informed him he needed to be somewhere that could care for him. Resident #A indicated his needs hadn't changed. Resident #A indicated the Federal Law required him to receive a written notice and he should have had 30 days to appeal. Resident #A indicated all he received was the verbal notice at the hospital. Resident #A indicated the verbal notice came as a shock to him. Resident #A indicated he believed he was discharged from the ECF because he had previously informed the Administrator and SSD they were			

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	not following Federal Regulations related to some concerns he had voiced. On 1/30/13 at 1:24 P.M., the SSD indicated she and the Administrator had visited Resident #A on 12/4/12, during his hospitalization. The SSD indicated a SS staff from the local hospital was present in Resident #A's room when they visited him. The SSD indicated Resident #A was informed the facility could not meet his needs due to increased respiratory problems. The SSD indicated she had contacted a local ECF to see if they staffed RT and was informed they did not, and the nurses cared for the resident's respiratory needs. The SSD indicated Resident #A had not been notified he could not return to the facility until the hospitalization visit on 12/4/12. The SSD indicated Resident #A had not received a Notice of Transfer or Discharge when he was transferred to the hospital. The SSD indicated residents should be given a copy of the facility's Notice of Transfer or Discharge when they are discharged to the hospital. On 1/31/13 at 10:05 A.M., the Director of Nursing (DoN) at the ECF Resident #A was discharged to from			

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	the hospital on 12/6/12, indicated their facility did not have any daily, weekly, or as needed RT staff. The DoN indicated the nurses take care of the resident's respiratory needs. The DoN indicated the nursing staff questioned the Physician or NP for resident's respiratory needs. On 1/31/13 at 11:02 A.M., the facility's Administrator indicated Resident #A was discharged from the facility because they could no longer meet his respiratory needs. She indicated the facility did not have RT on staff. She indicated they contracted RT services as needed. She indicated Resident #A needed to be in a facility that had RT staff available. She indicated their RT recommended Resident #A needed a facility with RT on staff. She indicated Resident #A received his discharge notice verbally on 12/4/12, while he was hospitalized and did not receive anything in writing, prior to or after that. She indicated she was unable to locate the Notice of Transfer or Discharge to the hospital on 12/1/12, in Resident #A's record. She indicated there was only a blank copy of the Notice of Transfer and Discharge in Resident #A's record. She indicated no other documentation related to the facility not being able to			

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	meet Resident #A's needs or being considered for placement was available in Resident #A's record, prior to 12/4/12. She indicated the local hospital took care of Resident #A's placement planning to another ECF and the facility did not participate in that planning. The facility did not provide documentation from Resident #A's record a Notice of Transfer and Discharge had been completed, or confirm Resident #A received a copy of the Notice of Transfer and Discharge, when he was transferred to the hospital on 12/1/12. On 1/31/13 at 11:30 A.M., the DoN indicated Resident #A was his own responsible party and his daughter was his emergency contact and managed his finances. A blank copy of the Notice of Transfer or Discharge provided by the SSD on 1/30/13 at 2:10 P.M., included blank areas of information to be filled out by the facility regarding where the resident would be transferred from, where the resident would be transferred to, and the reason for transfer. The Notice also included information regarding resident appeal rights, reasons a facility may transfer			

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	a resident, and bed hold information. This federal tag relates to complaint IN00122784. 3.1-12(a)(6)(A)(i) 3.1-12(a)(6)(A)(ii)			